PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10790575

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			29					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		<i>p.</i>	BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			29 min	us 20= *		9		X\$ 9=		OR	X\$18=	162
INDEPENDENT CLAIMS			# minus 3 = *			i		X43=		OR	X86=	86
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, ent					0" in c	olumn 2		TOTAL		OR	TOTAL	7018
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	`ADDI- TIONAL FEE
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
∢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	+145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT. FEE	
(0.1,, 0) (0.1,, 0)												
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NŲMBE PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RÄTE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		XS 9=		OR	X\$18=	
	Independent	*	Minus	***				X43=		OR	X86=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-145=		OR	+290=	
								TOTAL		OR	TOTAL	
								40DIT, FEE		1011	ADDIT. FEE	L
		(Column 1)		(Colum		(Column 3						
AMENDMENT C	>	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		XS 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1200-	
2 write 'C' in courns 3								+145= TOTAL		OR	+290=	ļ
++	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT FEE	
		mber Previously P aber Previously Pa		IC CDACE IC	lace the	an anior a		und in the app	propriate bo	x in co	olumn 1	